STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001277		B. WING:		03/21/2023	
JEFFERSO YARD	VIDER OR SUPPLIER: ON SURGICAL CENTER A E NUMBER: 22511501	AT THE NAVY	STREET ADDRESS, THREE CRES NAVY YARD PHILADELPH	SCENT DRI CORPORA	IVE, SUITE 310 ATE CENTER		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIE) PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR LS TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
Q 0000	This report is the result recertification survey of 2023, at Jefferson Surgivery Yard. It was determine substantial compliance CFR, Title 42, Part 416 for Ambulatory Surgical It was also determined with 42 CFR, Title 42, Coverage for Ambulatory Surgical Yard. Staff.	onducted on Februa cical Center At The I d the facility was in with the requirement of - Conditions for Co al Centers. the facility was in c Part 416 - Condition ory Surgical Centers COVID-19 Vaccina	Navy Ints of 42 overage ompliance ins for at ation of	Q 0000			
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

CMS-2567L C1QE11 IF CONTINUATION SHEET Page 1 of 10

PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 39C0001277		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 03/21/2023	ΞY
NAME OF PROVIDER OR SUPPLIER: JEFFERSON SURGICAL CENTER AT THE NAVY YARD			STREET ADDRESS, THREE CRES NAVY YARD PHILADELPI	SCENT DRI CORPORA	IVE, SUITE 310 TE CENTER	•	
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORR CORRECTIVE ACTION S CROSS-REFERENCED TO THI	HOULD BE	(X5) COMPLETE DATE
Q 0101				Q 0101			

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001277				03/21/2023	
JEFFERSO YARD	VIDER OR SUPPLIER: ON SURGICAL CENTER A SE NUMBER: 22511501	AT THE NAVY OF DEFICIENCIES (EACH DE	NAVY YARD PHILADELPI	SCENT DRI CORPORA	IVE, SUITE 310 TE CENTER 112	CTION (EACH	(X5)
PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY C IDENTIFYING INFORMATION)			PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETE DATE
Q 0101	Continued from page 2 416.44(a)(1) PHYSICAL E The ASC must provide a furenvironment for the provisic Each operating room must be that the types of surgery comanner that protects the live safety of all individuals in the This REQUIREMENT is not seen to be a seen as a seen and the seen as a seen	nctional and sanitary on of surgical services. be designed and equippenducted can be performed es and assures the physical	ed in a	Q 0101	It is the responsibility of the Administrator to ensure correactions are complete, monitor sustained. The Housekeeping Policy was reviewed by the Director of Pand Administrator. The Housekeeping policy was updated to reflect the change to the terminal cleaning log. The terminal cleaning log chinclude: - Comment section for the Environmental professional at the form. - Registered Nurse Terminal inspection signature added to form. - Infection Control Profession or Designee signature line in The Housekeeping policy was reviewed with all EVS and Croom staff at a mandatory stameeting held on 3/8/2023. The information presented in revised terminal cleaning log education, and implementation EVS and clinical staff:	as Nursing as Sursing as substitute and and and and and and cluded. as Departing aff acludes	Completion Date: 03/22/2023 Status: APPROVED Date: 04/09/2023

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001277				03/21/2023	
NAME OF PROVIDER OR SUPPLIER: JEFFERSON SURGICAL CENTER AT THE NAVY YARD STATE LICENSE NUMBER: 22511501		AT THE NAVY	STREET ADDRESS, THREE CRES NAVY YARD PHILADELPH	SCENT DRI CORPORA	IVE, SUITE 310 ATE CENTER		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
Q 0101	Continued from page 3			Q 0101	- All task boxes are to be init EVS staff completing the ter clean The first scheduled Operati Nurse will enter each OR. Vinspection of the OR will be completed for cleanliness of room and equipment assess. This nurse will sign and date room inspection on the termi form. Any areas of correction documented in the comments section of the form. Urgent in will be immediately brought Peri Operative Manager atter and/or Director of Nursing. I found that the log was not completed a terminal cleaning room will be completed prior surgical case being performe room. The findings will then reported to the Administrator terminal cleaning is not company deficiencies will be reported to the clean company supervisor to be ad immediately. The findings we reported to the Environment Committee monthly and to the	ing room isual the nent. the inal log n will be s matters to the intion If it is ag of the r to a ed in that a be r if pleted. orted ing ldressed vill be of Care	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00_		(X3) DATE SURVEY COMPLETED:	
		39C0001277		1	<u></u>	03/21/2023	
NAME OF PROVIDER OR SUPPLIER: JEFFERSON SURGICAL CENTER AT THE NAVY YARD STATE LICENSE NUMBER: 22511501 (YALID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES (EACH DEFICIENCIES))		NAVY YARD PHILADELPI	SCENT DRI CORPORA HIA, PA 19	IVE, SUITE 310 ATE CENTER 112			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
Q 0101	Continued from page 4			Q 0101	Infection Control Committee QAPI, and to the Board of M quarterly. - The Infection Control Profe or Designee will review the terminal cleaning log upon the arrival. Any findings will be addressed immediately, and will be signed and dated. - The Infection Control Conswill be involved in the review terminal cleaning log during quarterly inspection and prowith feedback. Terminal cleaning log audits performed by the Infection Construction of Professional weekly to ensure log is completed and signed. Findings will be documented Terminal cleaning audit log, audit will be completed weekly to ensure the consecutive months. Finding be reported to Administrator and to the Board of Manager Observation Audits will be performed by the Infection Construction of Professional and or Peri Open Nurse Manager by observing	fanagers essional OR heir the form sultant w of the their vide us swill be Control re the I on the The kly until d for 3 gs will g, QAPI, rs.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BLDG: _	(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
	39C0001277			B. WING: _		03/21/2023		
NAME OF PROVIDER OR SUPPLIER: JEFFERSON SURGICAL CENTER AT THE NAVY YARD STATE LICENSE NUMBER: 22511501			STREET ADDRESS, THREE CRES NAVY YARD PHILADELPI	SCENT DRI CORPORA	IVE, SUITE 310 TE CENTER			
(X4) ID PREFIX TAG	REFIX MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG				
Q 0101	Continued from page 5			Q 0101	the EVS are completing and the Terminal Cleaning log. T will be completed weekly un compliance is achieved for 3 consecutive months. Finding audit will be reported to the Administrator, QAPI and the of Managers.	The audit atil 100% as of the		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001277		B. WING:		03/21/2023	
NAME OF PROVIDER OR SUPPLIER: JEFFERSON SURGICAL CENTER AT THE NAVY YARD STATE LICENSE NUMBER: 22511501			STREET ADDRESS, THREE CRES NAVY YARD PHILADELPI	CORPORA	IVE, SUITE 310 ATE CENTER		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
Q 0101	Continued from page 6 Based on a review of fi medical records (MR) (EMP), it was determin provide a safe and saniprovision of patient car. Findings include: Review of facility polity Procedures" last revises Policy: To provide through policies and schedules, for the control and pressurgical suite." 1. Review of facility de (OR) Terminal Cleaning revealed OR1, OR3 and cleaned on June 30, 20 July 1, 2022. Further reconstructions are revealed surgical process.	and interview with seed the facility failed itary environment for re. cy "Housekeeping and February 2022, respond established pract, relevant cleaning movention of infection in the comments "Operating and OR4 was not term and OR4 was not term are proview of facility documents documents under the comment of the next surgestion of the next sur	vealed " ctices, heasures in the g Rooms 60, 2022, hinally hical day hument 022, hear	Q 0101			
	anesthesia on July 1, 2	U22, in OR1 for MR	#				

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
39C0001277				A. BLDG: _ B. WING: _		03/21/2023		
NAME OF PROVIDER OR SUPPLIER: JEFFERSON SURGICAL CENTER AT THE NAVY YARD STATE LICENSE NUMBER: 22511501			STREET ADDRESS, THREE CRES NAVY YARD PHILADELPI	SCENT DRI CORPORA	IVE, SUITE 310 ATE CENTER			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
Q 0101	Continued from page 7 60937, MR# 60956, M procedures performed 2022, in OR3 for MR# surgical procedures per July 1, 2022 in OR4 fo MR# 60238, MR# 609 60961, MR# 60962, M MR# 60935, MR# 609 2. Review of facility de (OR) Terminal Cleanir revealed OR1 and OR4 on July 1, 2022, for the 2022. Further review of Surgery Schedule" date surgical procedures per July 5, 2022, in OR1 fo MR#60906, MR#6073 performed under anest OR4 for MR# 60850, M MR# 60949, MR# 609 60984, MR# 60943, M MR# 61015.	under anesthesia on 60957 and MR# 60 rformed under anestler MR# 60759, MR# 25, MR#60948, MR R# 60814, MR#606 36, MR# 60963. Documents "Operating and Log" dated July 14 was not terminally enext surgical day of facility document ed July 5, 2022, revertormed under anestler MR#60556, MR# 7; surgical proceduration on July 5, 2022, MR# 60939, MR# 6085, MR# 60998, MR	139; hesia on 60847, # 63, g Rooms , 2022, cleaned in July 5, "Center caled hesia on 61059, es 2, in 0124, 8#	Q 0101				

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001277		B. WING:		03/21/2023	
JEFFERSO YARD STATE LICENS (X4) ID		OF DEFICIENCIES (EACH DE	NAVY YARD PHILADELPI FICIENCY	SCENT DRI CORPORA HIA, PA 19	IVE, SUITE 310 ATE CENTER 112 PROVIDER'S PLAN OF CORRE	· ·	(X5)
PREFIX TAG		ED BY FULL REGULATORY OF FYING INFORMATION)	R LSC	PREFIX TAG	CORRECTIVE ACTION SE CROSS-REFERENCED TO THE		COMPLETE DATE
Q 0101	Continued from page 8 3. Review of facility de (OR) Terminal Cleaning revealed OR1 was not 11, 2022, for the next of 2022. Further review of Surgery Schedule" data surgical procedures per July 12, 2022, in OR1 60753, MR# 61016, MMR# 61161. An interview conducted 3:15 PM with EMP1, If the facility was not con "Housekeeping Procedures and completing the the "Operating Rooms for OR1, OR3, and OR 2022, July 1, 2022, and interview confirmed the surger of the surg	ng Log" dated July 1 terminally cleaned of surgical day on July of facility document bed July 12, 2022, reversormed under anestle for MR# 61062, MR IR# 61119, MR# 61119, MR# 61110 and on Feburary 28, 20 EMP2 and EMP3 compliant with the facilities" for maintaining ensure terminal clear prior to the next surge required documentation (OR) Terminal Clear (OR) Terminal Clear (A) for the dates June de July 11, 2022. Furt	1, 2022, on July 12, "Center vealed hesia on 8# 144, 023, at infirmed lity's policy g aning was gical day ation for ining Log" 30, her	Q 0101			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER 39C0001277			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 03/21/2023	EY		
NAME OF PROVIDER OR SUPPLIER: JEFFERSON SURGICAL CENTER AT THE NAVY YARD STATE LICENSE NUMBER: 22511501			STREET ADDRESS, CITY, STATE, ZIP CODE: THREE CRESCENT DRIVE, SUITE 310 NAVY YARD CORPORATE CENTER PHILADELPHIA, PA 19112					
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	CORRECTIVE ACTION SH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DAT		
Q 0101	compliance by the clin for reviewing and attes completed terminal cle (prior to use for OR su completion of docume Room Terminal Clean "Based on the docume not know if ORs 1, 3, cleaned prior to use for	ting to the outcome aning for each operargical procedures) and attain for the Operarg Logs. EMP3 statementation in the logs you and 4 had been terms	of the ating room ating ed ou would ainally	Q 0101				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:			
	39C0001277			B. WING: 03/21					
NAME OF PROVIDER OR SUPPLIER: JEFFERSON SURGICAL CENTER AT THE NAVY YARD			STREET ADDRESS, CITY, STATE, ZIP CODE: THREE CRESCENT DRIVE, SUITE 310 NAVY YARD CORPORATE CENTER						
STATE LICENS	E NUMBER: 22511501		PHILADELPHIA, PA 19112						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	ACTION SHOULD BE COMPLET			
S 0000	INITIAL COMMENT								
	This report is the result of a State licensure survey conducted on February 28, 2023, at Jefferson Surgical Center At The Navy Yard. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.								
S 6701				S 6701					
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNA			ATURE		TITLE:	(X6) DATE:			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001277			<u></u>	03/21/2023		
JEFFERSO YARD	VIDER OR SUPPLIER: ON SURGICAL CENTER A SE NUMBER: 22511501	AT THE NAVY	STREET ADDRESS, THREE CRES NAVY YARD PHILADELPI	SCENT DRI CORPORA	IVE, SUITE 310 TE CENTER			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6701	Continued from page 1 567.1 Principle CHAPTER SERVICES 567.1 Principle The ASF shall have a sconstructed, equipped and maintained to ASF personnel from cross-infection and to protect patients. This REGULATION is not	anitary environment, proportion of protect surgical patients at the health and safety of	operly s and	S 6701	It is the responsibility of the Administrator to ensure correactions are complete, monitor sustained. The Housekeeping Policy was reviewed by the Director of Pand Administrator. The Housekeeping policy was updated to reflect the change to the terminal cleaning log. The terminal cleaning log chance include: - Comment section for the Environmental professional at the form. - Registered Nurse Terminal inspection signature added to form. - Infection Control Profession or Designee signature line in The Housekeeping policy was reviewed with all EVS and Croom staff at a mandatory stameeting held on 3/8/2023. The information presented in revised terminal cleaning log education, and implementation EVS and clinical staff:	as Nursing as Sursing as sursing as as ande anges added to clean o the anal and cluded. as Deparating aff	Completion Date: 03/22/2023 Status: APPROVED Date: 04/09/2023	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE					(X3) DATE SURVE COMPLETED:		
39C0001277					03/21/2023	3/21/2023	
NAME OF PRO JEFFERSO YARD STATE LICENS	AT THE NAVY	STREET ADDRESS, CITY, STATE, ZIP CODE: THREE CRESCENT DRIVE, SUITE 310 NAVY YARD CORPORATE CENTER PHILADELPHIA, PA 19112					
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6701	Continued from page 2			S 6701	- All task boxes are to be init EVS staff completing the ter clean The first scheduled Operati Nurse will enter each OR. Vinspection of the OR will be completed for cleanliness of room and equipment assessm. This nurse will sign and date room inspection on the termiform. Any areas of correction documented in the comments section of the form. Urgent mill be immediately brought Peri Operative Manager atter and/or Director of Nursing. If found that the log was not completed a terminal cleaning room will be completed prior surgical case being performe room. The findings will then reported to the Administrator terminal cleaning is not company deficiencies will be reported to the clean company supervisor to be ad immediately. The findings we reported to the Environment Committee monthly and to the clean cl	ing room isual the nent. the inal log in will be s natters to the intion if it is ag of the r to a ad in that be r if pleted. orted ing dressed vill be of Care	

State Form C1QE11 IF CONTINUATION SHEET Page 3 of 10

Pennsylvania Department of Health

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			PLE CONSTRUCTION: 00	(X3) DATE SURVI COMPLETED:	EΥ
39C0001277				B. WING: _		03/21/2023	
JEFFERSO YARD STATE LICENS	VIDER OR SUPPLIER: ON SURGICAL CENTER A SE NUMBER: 22511501		NAVY YARD PHILADELPI	SCENT DRI CORPORA HIA, PA 19	IVE, SUITE 310 ATE CENTER 112		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6701	Continued from page 3			S 6701	Infection Control Committee QAPI, and to the Board of M quarterly. - The Infection Control Profe or Designee will review the terminal cleaning log upon the arrival. Any findings will be addressed immediately, and will be signed and dated. - The Infection Control Conswill be involved in the review terminal cleaning log during quarterly inspection and prowith feedback. Terminal cleaning log audits performed by the Infection Conswill be documented by the Infection Conswill be documented in the professional weekly to ensure the consecutive months. Findings will be completed weel 100% compliance is achieved consecutive months. Finding be reported to Administrator and to the Board of Manager Observation Audits will be performed by the Infection Consecutive Manager by observing Nurse Manager by observing	danagers dessional OR heir the form sultant w of the their vide us s will be Control re the d on the The kly until d for 3 gs will r, QAPI, rs.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	ΣΥ		
		39C0001277		B. WING: _		03/21/2023		
NAME OF PROVIDER OR SUPPLIER: JEFFERSON SURGICAL CENTER AT THE NAVY YARD STATE LICENSE NUMBER: 22511501			STREET ADDRESS, CITY, STATE, ZIP CODE: THREE CRESCENT DRIVE, SUITE 310 NAVY YARD CORPORATE CENTER PHILADELPHIA, PA 19112					
	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6701 Continu	red from page 4			S 6701	the EVS are completing and the Terminal Cleaning log. I will be completed weekly ur compliance is achieved for 3 consecutive months. Finding audit will be reported to the Administrator, QAPI and the of Managers.	The audit ntil 100%		

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	(X3) DATE SURVEY COMPLETED:	
39C0001277 A. BLDG:00 B. WING: 03/21	21/2023	
NAME OF PROVIDER OR SUPPLIER: JEFFERSON SURGICAL CENTER AT THE NAVY YARD STATE LICENSE NUMBER: 22511501 STREET ADDRESS, CITY, STATE, ZIP CODE: THREE CRESCENT DRIVE, SUITE 310 NAVY YARD CORPORATE CENTER PHILADELPHIA, PA 19112		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY ID PROVIDER'S PLAN OF CORRECTION (E. PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR LSC TAG IDENTIFYING INFORMATION) D PROVIDER'S PLAN OF CORRECTION (E. PREFIX TAG CORRECTIVE ACTION SHOULD BE IDENTIFYING INFORMATION)	BE COMPLETE	
Based on a review of facility policy, documents, medical records (MR) and interview with staff (EMP), it was determined the facility failed to provide a safe and sanitary environment for the provision of patient care. Findings include: Review of facility policy "Housekeeping Procedures" last revised February 2022, revealed "Policy: To provide through established practices, policies and schedules, relevant cleaning measures for the control and prevention of infection in the surgical suite." 1. Review of facility documents "Operating Rooms (OR) Terminal Cleaning Log" dated June 30, 2022, revealed OR1, OR3 and OR4 was not terminally cleaned on June 30, 2022, for the next surgical day July 1, 2022. Further review of facility document "Center Surgery Schedule" dated July 1, 2022, revealed surgical procedures performed under anesthesia on July 1, 2022, in OR1 for MR#		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 39C0001277			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 03/21/2023	ΞY			
NAME OF PROVIDER OR SUPPLIER: JEFFERSON SURGICAL CENTER AT THE NAVY YARD			STREET ADDRESS, CITY, STATE, ZIP CODE: THREE CRESCENT DRIVE, SUITE 310 NAVY YARD CORPORATE CENTER PHILADELPHIA, PA 19112						
STATE LICENSE NUMBER: 22511501 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE		
S 6701	Continued from page 6 60937, MR# 60956, M procedures performed 2022, in OR3 for MR# surgical procedures pe July 1, 2022 in OR4 fo MR# 60238, MR# 609 60961, MR# 60962, M MR# 60935, MR# 609 2. Review of facility d (OR) Terminal Cleaning revealed OR1 and OR4 on July 1, 2022, for the 2022. Further review Surgery Schedule" dat surgical procedures pe July 5, 2022, in OR1 f MR#60906, MR#6073 performed under anest OR4 for MR# 60850, MR# 60949, MR# 60949, MR# 60943, M MR# 61015.	under anesthesia on # 60957 and MR# 60 prformed under anesthor MR# 60759, MR# 625, MR#60948, MR MR# 60814, MR#606036, MR# 60963. Ocuments "Operatinging Log" dated July 1 days not terminally enext surgical day of facility document and July 5, 2022, revention of MR#60556, MR# 607; surgical procedurablesia on July 5, 2022 MR# 60939, MR# 60985, MR# 60998, MR# 6099	139; hesia on 60847, # 63, g Rooms , 2022, cleaned n July 5, "Center ealed hesia on 61059, es 2, in 0124, R#	S 6701					

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
39C0001277			B. WING: _		03/21/2023		
NAME OF PROVIDER OR SUPPLIER: JEFFERSON SURGICAL CENTER AT THE NAVY YARD STATE LICENSE NUMBER: 22511501				SCENT DR CORPORA	IVE, SUITE 310 ATE CENTER		
(X4) ID PREFIX TAG	MUST BE PRECEEDI	ED BY FULL REGULATORY O		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 6701	ICENSE NUMBER: 22511501 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY		1, 2022, on July 12, "Center vealed hesia on 2# 144, 023, at enfirmed lity's policy g aning was gical day ation for ening Log" 30, her	S 6701			

State Form C1QE11 IF CONTINUATION SHEET Page 8 of 10

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:		
39C0001277						03/21/2023			
JEFFERSO YARD	VIDER OR SUPPLIER: ON SURGICAL CENTER A E NUMBER: 22511501	AT THE NAVY	STREET ADDRESS, CITY, STATE, ZIP CODE: THREE CRESCENT DRIVE, SUITE 310 NAVY YARD CORPORATE CENTER PHILADELPHIA, PA 19112						
(X4) ID		OF DEFICIENCIES (EACH DE	FICIENCY	ID	DROWIDERIC DI ANI OF CORDE	CTION (EACH	(X5)		
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S 6701	Continued from page 8			S 6701					
	compliance by the clin	ical licensed staff re	sponsible						
	for reviewing and attes		-						
	completed terminal cle	aning for each opera	iting room						
	(prior to use for OR sur								
	completion of documen	•	•						
	Room Terminal Cleani								
	"Based on the documer								
	not know if ORs 1, 3,		-						
	cleaned prior to use for	r surgical procedures	3 . "						

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001277		:	A. BLDG: _ B. WING: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 03/21/2023	ΞY		
	VIDER OR SUPPLIER: ON SURGICAL CENTER A	AT THE NAVY	STREET ADDRESS, CITY, STATE, ZIP CODE: THREE CRESCENT DRIVE, SUITE 310					
YARD			NAVY YARD PHILADELPH					
STATE LICENS	E NUMBER: 22511501		THILADELIT	11A, 1 A 19	112			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6701	Continued from page 9			S 6701				

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Certified End Page

JEFFERSON SURGICAL CENTER AT THE NAVY YARD

STATE LICENSE NUMBER: 22511501 SURVEY EXIT DATE: 03/21/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY